

<i>SERFF Tracking Number:</i>	<i>BNLC-125642787</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Penn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38935</i>
<i>Company Tracking Number:</i>	<i>12-82-041A</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurannce</i>		
<i>Project Name/Number:</i>	<i>Application/12-82-041A</i>		

## Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: Individual Life Insurannce

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: BNLC-125642787

SERFF Status: Closed

Co Tr Num: 12-82-041A

Co Status:

Author: Wilbur Henderson

Date Submitted: 05/12/2008

State: ArkansasLH

State Tr Num: 38935

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/16/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 08/19/2008

State Filing Description:

## General Information

Project Name: Application

Project Number: 12-82-041A

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/16/2008

State Status Changed: 05/16/2008

Corresponding Filing Tracking Number: 12-82-041A

Filing Description:

See attached cover letter

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Corresponding form pending approval in PA.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

## Company and Contact

### Filing Contact Information

Wilbur Henderson Jr., Contract Analyst

399 Market Street

whenderson@colpenn.com

(215) 928-6085 [Phone]

SERFF Tracking Number: BNLC-125642787 State: Arkansas  
Filing Company: Colonial Penn Life Insurance Company State Tracking Number: 38935  
Company Tracking Number: 12-82-041A  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Individual Life Insurance  
Project Name/Number: Application/12-82-041A

Philadelphia, PA 19181 (215) 928-6431[FAX]

**Filing Company Information**

Colonial Penn Life Insurance Company	CoCode: 62065	State of Domicile: Pennsylvania
399 Market Street	Group Code: 233	Company Type: Life/Health
Philadelphia, PA 19181	Group Name:	State ID Number:
(215) 928-8688 ext. [Phone]	FEIN Number: 23-1628836	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	20.00 for application
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$20.00	05/12/2008	20263800

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/16/2008	05/16/2008

<i>SERFF Tracking Number:</i>	<i>BNLC-125642787</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Application/12-82-041A</i>		

## **Disposition**

Disposition Date: 05/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BNLC-125642787</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Penn Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38935</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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<i>Project Name/Number:</i>	<i>Application/12-82-041A</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Application		Yes

SERFF Tracking Number:	BNLC-125642787	State:	Arkansas
Filing Company:	Colonial Penn Life Insurance Company	State Tracking Number:	38935
Company Tracking Number:	12-82-041A		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life Insurannce		
Project Name/Number:	Application/12-82-041A		

## Form Schedule

Lead Form Number: 12-82-041A

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	12-82-041A	Application/ Application Enrollment Form	Revised	Replaced Form #: 12-82-008A Previous Filing #: 27727	52	gen appl with fraud 041A j doe.pdf

**APPLICATION For Life Insurance**

Colonial Penn Life Insurance Company, Philadelphia, PA 19181

Member #

Applicant Name

JOHN

W.

DOE

Address

123 MAIN

ST.

Street

Apt. #

ANYTOWN

WV

12345

City

State

Zipcode

Daytime Telephone # (23) 456-7890

E-Mail Address N/A

Evening Telephone # ( )

Sex ☒ Male

( ) Female

Date of Birth

XX/XX/XX

Age XX

Plan of Insurance [ Whole Life ]

Amount of Life Insurance \$ [ XXXXXX ]

1. Is the policy applied for intended to, or likely to, replace or change any existing life insurance or annuities in this or any other company? ( ) Yes ☒ No

2. Statement of Health -- Answer each of the following questions "Yes" or "No." If "Yes", CIRCLE the condition(s) which apply.

A. Are you currently: (1) using assistance from another person to perform your daily activities such as dressing, eating or walking; (2) using assistance from a support device for walking (including a walker or wheelchair) or breathing (oxygen); (3) confined to a hospital, rest home or nursing facility? ( ) Yes ☒ No

B. Have you been advised to have in-patient surgery which has not yet been performed? ( ) Yes ☒ No

C. In the past two years, have you had, been diagnosed by a member of the medical profession with, or received treatment for: (1) chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis; (2) chronic liver disease, cirrhosis of the liver, or chronic kidney disease (not including kidney stones); (3) heart attack (myocardial infarction), congestive heart failure, or embolism (blood clots)? ( ) Yes ☒ No

D. In the past five years, have you had, been diagnosed by a member of the medical profession with, or received treatment for: (1) stroke, transient ischemic attack (TIA), heart or blood vessel surgery, Alzheimer's disease; (2) diabetes mellitus (or high blood sugar) treated with insulin; (3) AIDS (Acquired Immunodeficiency Syndrome) infection with HIV (Human Immunodeficiency Virus), or other immune system disorder; (4) alcohol or drug abuse or has such treatment been recommended; (5) mental or nervous system disorder for which in-patient treatment or confinement in an institution was recommended or completed? ( ) Yes ☒ No

E. In the past seven years, have you had, been treated by a member of the medical profession, or received treatment for any cancer of the internal organs or blood, or melanoma? ( ) Yes ☒ No

F. Physician's Name JOHN Smith Phone Number (111) 222-3333

Physician's Address 987 MAIN ST.

3. Beneficiary Designation (will be divided equally unless noted otherwise)

	Beneficiary Name / Address	Relationship to You	% Share
A. Name:	JANE Doe	Spouse	100
Address:	Same as Above		
B. Name:			
Address:			

12-82-041A

3XD ZZZZZZZ

SILCX

SEND POLICY TO:

☐ BRANCH SERVICE OFFICE☐ POLICYOWNER

LL29207-0508



4. I have paid a total of \$ XXX with this application to pay premiums for X months for a face amount of \$ XXXX.

I wish to pay: ☐ Monthly ☒ Quarterly ☐ Semi-annually ☐ Annually

I understand that no agent has the authority to waive answers to any questions on this application, to waive any of the Company's rights or requirements or to alter any policy.

I have read, or had read to me, the above questions and my answers are true to the best of my knowledge and belief. I understand that this application shall form a part of any policy issued and that, within the contestable period, a false statement or answer can be used to contest the policy as of its effective date or to deny a claim. I understand and agree that no life insurance is in effect as a result of this application unless this application is approved by the Company, a policy is issued during my lifetime and my continued insurability, according to medical information provided in this application, and the premium has been paid. The policy will be effective on the Policy Date shown on the Policy Schedule.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or the Medical Information Bureau, or any other organization, institution or person, that has any records or knowledge of me or my health, to give to Colonial Penn Life Insurance Company and its underwriters or reinsurers any such information. I understand such information will be used to determine my eligibility for this insurance. A reproduction of this authorization shall be as valid as the original. The authorization will be valid for a period of 24 months from the date signed. I understand that upon request, I or an authorized representative have a right to receive a copy of this authorization. I have received and read the Notice to Applicant.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature

John Doe

Dated and Signed at

Anytown, WV  
City and State

on 5 9 08  
Month Day Year

I/we certify that I/we asked all the questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, the insurance applied for ( X ) is or is likely ( ) is not or is not likely to replace or change any existing policies or contracts.

Signature of Licensed Resident Agent

Peter Smith

Agent No.

WV 007

Office

Anytown, WV

Signature of Licensed Resident Agent

Agent No.

Office

12-82-041A



LL29207-0508

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## **Rate Information**

Rate data does NOT apply to filing.

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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Individual Life Insurance  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 05/12/2008

#### Comments:

Attached are Readability& compliance Certifications

#### Attachments:

ar recert 041.pdf  
ar cocert 041.pdf

### Review Status:

**Satisfied -Name:** Application 05/12/2008

#### Comments:

application 12-82-041A is on the Forms Schedule tab. This form will replace previously approved application 12-82-008A.

### Review Status:

**Satisfied -Name:** Cover Letter 05/12/2008

#### Comments:

#### Attachment:

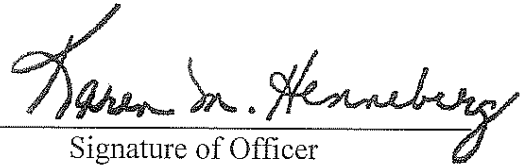
ar cv ltr 041.pdf

COLONIAL PENN LIFE INSURANCE COMPANY

399 Market Street - Philadelphia, Pennsylvania 19181

ARKANSAS  
READABILITY CERTIFICATION

This is to certify that the attached Application  
Form No. 12-82-041A, has achieved a Flesch Reading Ease Score of  
51.6 and complies with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258,  
cited as the Life and Disability Insurance Policy Language Simplification Act.

  
Signature of Officer

**Karen M. Henneberg**

Name of Officer

Assistant Secretary  
Title of Officer

**5/12/2008**

Date

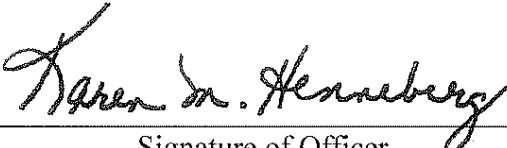
COLONIAL PENN LIFE INSURANCE COMPANY

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399 Market Street - Philadelphia, Pennsylvania 19181

**ARKANSAS  
CERTIFICATION OF COMPLIANCE  
REGULATION 19**

I have reviewed or supervised the review of this submission and hereby certify that it is in compliance with Rule and Regulation 19.

  
\_\_\_\_\_

Signature of Officer

**Karen M. Henneberg**  
\_\_\_\_\_

Name of Officer

Assistant Secretary  
\_\_\_\_\_

Title of Officer

5/12/2008  
\_\_\_\_\_

Date

COLONIAL PENN LIFE INSURANCE COMPANY

399 Market Street - Philadelphia, Pennsylvania 19181

Wilbur Henderson Jr.  
Contract Analyst  
Contracts and Compliance

Telephone: (215) 928-6085  
Fax: (215) 928-6431  
E-Mail: whenderson@colpenn.com

Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock, AR 72201

May 12, 2008

RE: INDIVIDUAL LIFE INSURANCE  
12-82-041A Application

Filing Fee (\$20.00 via EFT)  
NAIC# 233-62065  
FEIN# 23-1628836

Dear Mr./Ms.:

Attached for your review and approval is a copy of the above referenced form. This form is new and will replace form 12-82-008A which is currently on file with your Department.

Application form 12-82-041A is intended for use when applying for coverage under any approved individual whole or term life insurance policy sold on a simplified issue agent sold basis. Form 12-82-041A will replace form 12-82-008A which was approved by your Department on 10/26/2004 under SERFF filing #SERT-664JVR473/00 or state tracking #27727. The only change to form 12-82-041A is we have deleted the request for social security number information for the insured since we do not use this information. No other change has been made to the application.

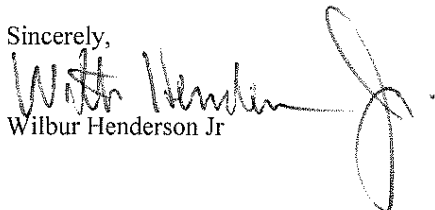
Areas bracketed or presented in "John Doe" fashion are intended to be variable. Such variability includes computer personalization of name, address, sex, phone number, age and date of birth. Also, the Plan of Insurance and payment mode areas to reflect the marketing offerings available.

The attached form are in final printed format, subject only to minor changes in ink, color, paper stock, company logo and logo type, border design, margins and positioning.

The corresponding form is pending approval in Pennsylvania, our domiciliary state.

We trust this submission is in order; however, if you have any questions or need additional information, please do not hesitate to call collect at the number listed above or by e-mail.

Sincerely,

  
Wilbur Henderson Jr